

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 09/15/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445297	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/14/2016
NAME OF PROVIDER OR SUPPLIER KINDRED HEALTH AND REHABILITATION-NORTHHAVEN			STREET ADDRESS, CITY, STATE, ZIP CODE 3300 BROADWAY NE KNOXVILLE, TN 37917	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 043 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Patient room doors are arranged such that the patients can open the door from inside without using a key.</p> <p>Special door locking arrangements are permitted in facilities. 18.2.2.2.4, 18.2.2.2.5, 19.2.2.2.4, 19.2.2.2.5 This STANDARD is not met as evidenced by: Based on observation and testing, the facility failed to maintain delayed egress doors.</p> <p>The findings include:</p> <p>Observation on testing on 9/14/16 at 11:05 AM revealed the right leaf of the delayed egress door in the dining room that exits outside did not release after 15 seconds when force was applied to the door. The door gave an audible notification but never released after 45 seconds after force was applied to the door and the audible notification sounded for the delayed egress feature.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 9/14/16. NFPA 101 2000 Ed. 19.2.2.2.1, 19.2.2.2.2, 7.2.1.6.1 19.2.2.2.1 Doors complying with 7.2.1 shall be permitted. 19.2.2.2.2 Locks shall not be permitted on patient sleeping room doors. Exception No. 1: Key-locking devices that restrict access to the room from the corridor and that are operable only by staff from the corridor side shall be permitted. Such devices shall not restrict egress from the room.</p>	K 043	<p>K 043</p> <p>The delayed egress door in the dining room that exists outside has been repair. This repair occurred on September 20, 2016.</p> <p>All other doors that exit to the outside have been checked and do comply with the NFPA 101 Life Safety Code. The review was completed on September 16, 2016</p> <p>The delayed egress door that exit to the outside will be check monthly for 3 months to ensure that the doors are working properly. The information will be reported to Performance Improvement Committee (Executive Director, Director of Nursing, Social Services Director, Staff Development Coordinator, Unit Managers, Dietician, Maintenance Director, Case Manager and Medical Director) monthly for 3 months. Beginning 10/19/2016</p>	10/21/2016

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 043	<p>Continued From page 1</p> <p>Exception No. 2: Door-locking arrangements shall be permitted in health care occupancies, or portions of health care occupancies, where the clinical needs of the patients require specialized security measures for their safety, provided that keys are carried by staff at all times.</p> <p>7.2.1.6.1 Delayed-Egress Locks.</p> <p>Approved, listed, delayed-egress locks shall be permitted to be installed on doors serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system in accordance with Section 9.6, or an approved, supervised automatic sprinkler system in accordance with Section 9.7, and where permitted in Chapters 12 through 42, provided that the following criteria are met.</p> <p>(a) The doors shall unlock upon actuation of an approved, supervised automatic sprinkler system in accordance with Section 9.7 or upon the actuation of any heat detector or activation of not more than two smoke detectors of an approved, supervised automatic fire detection system in accordance with Section 9.6.</p> <p>(b) The doors shall unlock upon loss of power controlling the lock or locking mechanism.</p> <p>(c) An irreversible process shall release the lock within 15 seconds upon application of a Copyright NFPA</p> <p>force to the release device required in 7.2.1.5.4 that shall not be required to exceed 15 lbf (67 N) nor be required to be continuously applied for more than 3 seconds. The initiation of the release process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only.</p> <p>Exception: Where approved by the authority</p>	K 043			

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K 043	Continued From page 2 having jurisdiction, a delay not exceeding 30 seconds shall be permitted. (d) * On the door adjacent to the release device, there shall be a readily visible, durable sign in letters not less than 1 in. (2.5 cm) high and not less than 1/8 in. (0.3 cm) in stroke width on a contrasting background that reads as follows: PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS NFPA 101 LIFE SAFETY CODE STANDARD	K 043	K 066 The staff smoking has a metal container with a self-closing lid to which ashtrays can be emptied into. This was completed on September 16, 2016		
K 066 SS=D	Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision. (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4 This STANDARD is not met as evidenced by: Based on observation, the facility failed to provide metal containers with self-closing lids at locations where smoking is permitted.	K 066	The maintenance staff will monitor for 3 months to ensure that the self closing lid is at the staff smoking area. The inspection for the self closing lid will be conducted annually by the maintenance supervisor and report the results to the Safety Committee The results of the audit will be reported to the Performance Improvement Committee (Executive Director, Director of Nursing, Social Services Director, Staff Development Coordinator, Unit Managers, Dietician, Maintenance Director, Case Manager and Medical Director) monthly for 3 months. Beginning 10/19/2016		10/2/2016

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K 066	Continued From page 3 The findings include: Observation on 9/14/16 at 10:45 AM revealed the staff smoking area at the back of the building is not provided with a metal container with a self-closing lid into which ashtrays can be emptied into. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 9/14/16.	K 066		